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<u>Sandra E. Marxen</u> Printed name of person mailing correspondence	 Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	06632/011001
Applicants	COSTAS N. KARATZAS, JEFFREY D. TURNER, AND ANTHOULA LAZARIS-KARATZAS
Title	PRODUCTION OF BIOFILAMENTS IN TRANSGENIC ANIMALS
PRIORITY INFORMATION:	
<p>This application is a [**continuation/divisional/continuation-in-part**] of and claims priority from United States patent application [**SERIAL NUMBER**], filed [**FILING DATE**].</p> <p>This application claims priority from United States provisional patent application [**SERIAL NUMBER**], filed [**FILING DATE**].</p> <p>This application claims priority from prior foreign patent application [**SERIAL NUMBER**], filed [**FILING DATE**], in [**COUNTRY**].</p>	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	<u>29</u> pages
Claims	4 pages
Abstract	1 page
Drawing	2 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages

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Sequence Listing on Diskette	[**] pages
Small Entity Statement, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	1 pages
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$790/\$395	\$395.00
Excess Claims Fee: $28 - 20 = 8 \times \$11$	\$88.00
Excess Independent Claims Fee: $3 - 3 = 0 \times \$41$	\$0.00
Multiple Dependent Claims Fee: \$135	\$135.00
Total Fees:	\$618.00
<input type="checkbox"/> Enclosed is a check for [**AMOUNT**] to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input checked="" type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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